

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT				OSHPD Use Only: 2007__ 106__ Filed Date: _____ PM__ FAX__	
1. Facility DBA (Doing Business As) Name:				2. OSHPD Facility No.:	
3. Street Address:		4. City:		5. Zip Code:	
6. Report Prepared By:				7. Preparer's Phone: () Ext:	
8. Chief Executive Officer (Administrator):		9. Main Hospital Phone: ()		10. Disaster Coordinator's Phone: () Ext:	
Line No.	(1) Report Period	Report Due Date	(2) Original (Check One)	(3) Revised	
15.	January 1 - March 31, 2007	May 15, 2007			
16.	April 1 - June 30, 2007	August 14, 2007			
17.	July 1 - September 30, 2007	November 14, 2007			
18.	October 1 - December 31, 2007	February 14, 2008			
19.	Other (Specify: Month/Day/Year) Begin Date: ____/____/____	Within 45 days of the end of the corresponding calendar quarter.			
20.	End Date: ____/____/____				
21.	Is this report based on a 13-period accounting cycle?				[] Yes [] No
UTILIZATION DATA ITEMS					2007 QUARTER
25.	Licensed Beds (end of report period - excluding bassinets and beds in suspense)				
30.	Available Beds (average for report period - excluding bassinets and beds in suspense)				
35.	Staffed Beds (average for report period - excluding bassinets and beds in suspense)				
Hospital Discharges (excluding nursery discharges)					
50.	Medicare - Traditional				
55.	Medicare - Managed Care				
60.	Medi-Cal - Traditional				
65.	Medi-Cal - Managed Care				
70.	County Indigent Programs - Traditional				
75.	County Indigent Programs - Managed Care				
80.	Other Third Parties - Traditional				
85.	Other Third Parties - Managed Care				
90.	Other Indigent				
95.	Other Payors				
100.	Total Hospital Discharges (sum of lines 50 thru 95)				
105.	Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)**				
Patient (Census) Days (excluding nursery patient (census) days)					
150.	Medicare - Traditional				
155.	Medicare - Managed Care				
160.	Medi-Cal - Traditional				
165.	Medi-Cal - Managed Care				
170.	County Indigent Programs - Traditional				
175.	County Indigent Programs - Managed Care				
180.	Other Third Parties - Traditional				
185.	Other Third Parties - Managed Care				
190.	Other Indigent				
195.	Other Payors				
200.	Total Patient (Census) Days (sum of lines 150 thru 195)				
205.	Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**				

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** The reporting of this item is optional.

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HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2007 Quarter Ending:	OSHPD Facility No.:
Line No.	UTILIZATION DATA ITEMS (Cont'd)	2007 QUARTER	
	Outpatient Visits (including ER, Clinic, Referred, Home Health Visits, and Day Care Days)		
250.	Medicare - Traditional		
255.	Medicare - Managed Care		
260.	Medi-Cal - Traditional		
265.	Medi-Cal - Managed Care		
270.	County Indigent Programs - Traditional		
275.	County Indigent Programs - Managed Care		
280.	Other Third Parties - Traditional		
285.	Other Third Parties - Managed Care		
290.	Other Indigent		
295.	Other Payors		
300.	Total Outpatient Visits (sum of lines 250 thru 295)		
	FINANCIAL DATA ITEMS		
	Gross Inpatient Revenue (including PPC charges)		
350.	Medicare - Traditional	\$	
355.	Medicare - Managed Care		
360.	Medi-Cal - Traditional		
365.	Medi-Cal - Managed Care		
370.	County Indigent Programs - Traditional		
375.	County Indigent Programs - Managed Care		
380.	Other Third Parties - Traditional		
385.	Other Third Parties - Managed Care		
390.	Other Indigent		
395.	Other Payors		
400.	Total Gross Inpatient Revenue (sum of lines 350 thru 395)	\$	
	Gross Outpatient Revenue (including PPC charges)		
450.	Medicare - Traditional	\$	
455.	Medicare - Managed Care		
460.	Medi-Cal - Traditional		
465.	Medi-Cal - Managed Care		
470.	County Indigent Programs - Traditional		
475.	County Indigent Programs - Managed Care		
480.	Other Third Parties - Traditional		
485.	Other Third Parties - Managed Care		
490.	Other Indigent		
495.	Other Payors		
500.	Total Gross Outpatient Revenue (sum of lines 450 thru 495)	\$	
	Deductions from Revenue		
545.	Provision for Bad Debts (including bad debt recoveries)	\$	
550.	Medicare - Traditional Contractual Adjustments		
555.	Medicare - Managed Care Contractual Adjustments		
560.	Medi-Cal - Traditional Contractual Adjustments		
565.	Medi-Cal - Managed Care Contractual Adjustments		
566.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)	()	
570.	County Indigent Programs - Traditional Contractual Adjustments		
575.	County Indigent Programs - Managed Care Contractual Adjustments		
580.	Other Third Parties - Traditional Contractual Adjustments		
585.	Other Third Parties - Managed Care Contractual Adjustments		
590.	Charity - Hill-Burton		
595.	Charity - Other		
600.	Restricted Donations and Subsidies for Indigent Care	()	
605.	Teaching Allowance (for U.C. teaching hospitals only)		
610.	Clinical Teaching Support (for U.C. teaching hospitals only)	()	
615.	Other Adjustments and Allowances		
620.	Total Deductions from Revenue (sum of lines 545 thru 615)	\$	

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HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2007 Quarter Ending:	OSHDP Facility No.:
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Line No.	FINANCIAL DATA ITEMS (Cont'd)	2007 QUARTER
	Capitation Premium Revenue	
650.	Capitation Premium Revenue - Medicare	\$
660.	Capitation Premium Revenue - Medi-Cal	
670.	Capitation Premium Revenue - County Indigent Programs	
680.	Capitation Premium Revenue - Other Third Parties	
700.	Total Capitation Premium Revenue (sum of lines 650 thru 680)	\$
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue plus Capitation Revenue)	
750.	Medicare - Traditional	\$
755.	Medicare - Managed Care	
760.	Medi-Cal - Traditional	
765.	Medi-Cal - Managed Care	
770.	County Indigent Programs - Traditional	
775.	County Indigent Programs - Managed Care	
780.	Other Third Parties - Traditional	
785.	Other Third Parties - Managed Care	
790.	Other Indigent	
795.	Other Payors	
800.	Total Net Patient Revenue (sum of lines 750 thru 795) (Line 400 + line 500 - line 620 + line 700)	\$
810.	Other Operating Revenue	\$
830.	Total Operating Expenses (including PPC expenses reported in line 835)	\$
835.	Physician Professional Component Expenses (PPC)**	\$
840.	Nonoperating Revenue Net of Nonoperating Expenses	\$
	Purchased Inpatient Services	
850.	Discharges (Not included in lines 50 thru 100)**	
855.	Patient Days (Not included in lines 150 thru 200)**	
860.	Expenses (included in line 830)**	\$
	Purchased Outpatient Services	
870.	Expenses (included in line 830)**	\$
880.	Total Capital Expenditures (excluding disposal of assets)	\$
885.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)	\$
900.	Disproportionate Share Funds Transferred to Related Public Entity**	\$

** The reporting of this item is optional.

<p style="text-align: center;">QUESTIONS</p> <p>Please contact us at the following address, phone number, or FAX number:</p> <p>Patricia Burritt Office of Statewide Health Planning and Development Accounting and Reporting Systems Section 818 K Street, Room 400 Sacramento, CA 95814 Phone: (916) 323-0875 FAX No: (916) 323-7675</p>	<p style="text-align: center;">CERTIFICATION</p> <p>I, _____, certify under penalty of perjury that to the best of my knowledge and information, the information reported is true and correct.</p> <p>By: _____</p> <p>Title: _____ Date: _____</p>
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